



Note: This is a sample  
template, it is not  
an OMB approved  
form.

Universal 911 Dialing- First Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

Hamilton County Telephone Co-op

Service Provider Name

Hamilton County Telephone Co-op

Company Address, City, State, Zip

P.O. Box 40  
Dahlgren, IL 62828

Service Provider Type

☐ Wireless

☒ Wireline

Name(s) of Wireless License Holder(s)

Contact Name

David E. Parkhill

Contact Tel #

618-736-2211

Fax #

618-736-2616

E-mail Address

dparkhil@hamiltoncom.net

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

Illinois - Hamilton  
Jefferson  
Wayne

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

We do not know yet.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

Jefferson County is in the process of getting E9-1-1 up and going.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

We do not have a projected date at this time. We are meeting with the Hamilton County Board on April 8 to discuss this and we are waiting on a return call from the Wayne County Clerk to get on their agenda to talk with them.

### Section 3

#### 911 Implementation Problems

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

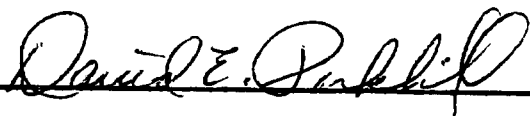
(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

## Section 4

Certification - To be signed by an authorized representative of the reporting entity

- ☒ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.
- ☐ I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of \_\_\_\_\_

Signature



Printed name of authorized representative

David E. Parkhill

Title

EVP/GM

Date

3/7/02

This filing is:

☒ original filing☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.